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For action

Country programme recommendation**

The former Yugoslav Republic of Macedonia

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of The former Yugoslav Republic of Macedonia with a duration of three years. The Executive Director ***recommends*** that the Executive Board approve the amount of $1,853,000 from general resources, subject to the availability of funds, and $3,947,000 from supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2001.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Basic data
(1996 unless otherwise stated)

Child population (thousands, under 18 years)	636
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	26
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female) (1995)	86/84
Primary school children reaching grade 5 (%) (1995)	99
Access to safe water (%)	..
Routine EPI vaccines financed by the Government (%)	14
GNP per capita (US$) (1995)	860
One year-olds fully immunized against:	
tuberculosis:	98 per cent
diphtheria/pertussis/tetanus:	93 per cent
measles:	90 per cent
poliomyelitis:	94 per cent
Pregnant women immunized against tetanus:	..

The situation of women and children

1. The transition process, combined with the economic dislocation caused by the break-up of the former Yugoslavia and war elsewhere in the region, led to a decline of about 60 per cent in gross domestic product between 1990 and 1995. Economic growth rates of 1 and 2 per cent in 1996 and 1997, respectively, indicate that recovery has started but is incomplete. The unemployment rate is currently 31.9 per cent. The economic difficulties have resulted in a greater demand for welfare and social services, just as the resources for them have fallen. Most public expenditure in the social sector has been allocated to immediate costs such as staff salaries, leaving little for staff training, supplies and the maintenance of infrastructure.

2. Recent years have witnessed a resumption of the downward trend in the infant mortality rate (IMR). According to the government statistics, between 1989 and 1996 IMR fell by 55 per cent. Attention is now being focused on pockets of the rural population, particularly those of minorities, in which the IMR is higher, as well as on perinatal conditions, which are responsible for over 50 per cent of infant deaths. The other main causes of infant and child morbidity and mortality are respiratory infections and diarrhoeal diseases. No maternal mortality was recorded in 1997, a reflection of the effectiveness of the safe motherhood programme, especially of the extensive in-service training for the maternal and child health (MCH) staff.

3. Immunization coverage is high, with over 90 per cent coverage for all antigens. The brief dip in coverage that followed independence in 1991 has now been recovered through the restoration of the cold chain, national immunization days and staff training. Further work remains to be done in aligning the contra-indications list with the World Health Organization (WHO) standards.

4. Primary education for children from 7 to 14 years old is both compulsory and free, and enrolment is high at over 95 per cent. However, the Ministry of Education is

concerned that this level is showing signs of erosion in some rural districts, especially among girls in ethnic communities. Despite the economic hardship, the Government has maintained its commitment to ensuring that basic education is accessible to all children, offering primary education in Macedonian, Albanian, Turkish and Serbian languages, with language classes in Romany and Vlach. The portion of government expenditure on education has increased from 17.6 per cent in 1996 to 19.2 per cent in 1998. The additional funding is aimed principally at rural primary schools.

5. Significant steps have been made in introducing innovations in the education system, primarily oriented at developing the curriculum to include tolerance education, the prevention of HIV/AIDS and drug use, and changing teaching methods towards the interactive approach. In managing education reform, the Ministry of Education has maintained a clear focus on children's rights as well as on developing innovations in an equitable manner, drawing in a large proportion of the schools to pilot projects. However, a lack of contemporary professional know-how and a shortage of funds slow down the wider dissemination of innovations, especially in disadvantaged areas.

6. Approximately 12 per cent of children up to the age of five years are enrolled in early childhood care and development (ECCD) schemes. In addition, there is a wider provision of pre-school facilities for six year olds in many primary schools. However, ECCD opportunities are almost exclusively urban-based, restricting access and equity for children in rural and ethnic communities. Non-formal approaches to ECCD are limited to two UNICEF-supported pilot projects focusing on children in rural areas.

7. Child protection is provided through a system of 30 social welfare centres and in 9 institutions caring for children without parents, disabled children and children with emotional or behavioural problems. Between 2,000 and 3,000 children are in residential facilities, which are in poor physical condition, isolated from the community and with a high child-staff ratio. Review of the laws to support alternatives to institutional care has been undertaken by the Ministry of Labour and Social Policy. Support to children and families was assured through the Centres for Social Work and through promotion of fostering and respite care. For the period of transition towards non-institutionalized care, a training programme was initiated to promote management and organizational reform for child-centred services.

8. The country is beginning to see new challenges to children emerge. Centres for social work, NGOs and media reports show an increase in the number of referrals related to drug abuse and juvenile crime; the latter accounts for 37 per cent of all crime. The number of juvenile substance abusers is estimated at between 3,000 to 5,000, and intravenous drug abuse is one of the major factors in the spread of HIV/AIDS. The issues of child sexual, physical and psychological abuse have become topics of open discussion among child professionals and the general public. Unfortunately, these phenomena are not subject to systematic monitoring and response. Further support is needed to develop both governmental and non-governmental organization (NGO) services to register trends and social changes so as to offer effective responses to these growing problems.

Programme cooperation, 1996-1998

9. The country programme was implemented predominantly through government ministries. From 1997, several projects were initiated with local NGOs. The programme was coordinated with multilateral and bilateral organizations, WHO and the World Bank, as well as with international NGOs. In comparison with the previous programme, the 1996-1998 period has seen a reduction in the supply assistance and greater investment in capacity development, which is now considered the most effective use of resources. Support to the transition process in the social sector also is reflected in the partnership with NGOs, which has had the added effect of drawing counterpart ministries into the development of civil society in the country.

10. One significant remaining area of supply assistance is the provision of vaccines. This has been complemented with technical workshops on the expanded programme on immunization (EPI) policy and management, cold-chain provision and maintenance. Discussions with the Ministry of Health about the country enlisting in the Vaccine Independent Initiative have been initiated.

11. Breastfeeding promotion is another important area of the partnership with the Ministry of Health. The first rooming-in facility was opened in Skopje and should be certified as a baby-friendly hospital in 1998. The programme has been strengthened with training support to home-visiting nurses, paediatricians and gynaecolo-

gists, as well as with policy support to the implementation of the International Code of Marketing of Breast Milk Substitutes. In the area of nutrition, a national survey revealed that the goal of the virtual elimination of iodine deficiency disorders had been achieved, but in order to sustain it, new legislation is needed to bring salt iodization standards in line with international recommendations.

12. The major thrust of the education programme has been continued support to the reform process. This has taken the form of a major project in introducing active teaching and learning in primary education which has had a far-reaching impact on curriculum development and the organization of classroom learning. Linked to this has been a reform of the legislation covering special needs education, a first step to include children with disabilities into the mainstream education system. Pilot models for non-formal early childhood development, introduced in partnership with local and international NGOs, facilitated the transfer of knowledge and materials to families in disadvantaged rural and ethnic communities.

13. UNICEF has supported social welfare professionals in the development of a network of services for children and families in the community, and also for children in institutionalized care. This has ranged from support to the preparation of legal rules and regulations for the promotion of fostering and assessing children with disabilities, to the preparation of training packages for social welfare professionals and social mobilization campaigns. A series of workshops was organized for 30 national trainers in the area of psychosocial support to children and families in distress, and subsequently for 400 social welfare professionals. Training was supplemented by the preparation of numerous manuals and workbooks; the creation of resource centres in each of the Centres for Social Welfare; and the design of needs assessment tools and instruments for monitoring and evaluation. The Convention on the Rights of the Child was brought closer to field professionals by three workshops on its practical implementation and monitoring.

14. In the absence of valid statistical data and systematic monitoring, UNICEF supported the preparation of number of studies, including a review of the juvenile justice system and a study of marginalized communities. The studies recommended actions to benefit youth at risk and children in minority groups through policy reform initiatives, training for government and non-government counterparts, the promotion of multisectoral and child-centred approaches, and involvement of the media. Discussions on the preparation of a National Plan of Action (NPA) for Children were initiated with the Government, and this is expected to be completed early in the next programme cycle.

Lessons learned

15. UNICEF and the Government completed a mid-term review (MTR) of the country programme in November 1997. The MTR process was a continuation of capacity enhancement to support the social sectors through further development of intersectoral approaches and the introduction of responses to define and address newly emerging problems. The main MTR recommendations and lessons learned were: (a) counterpart organizations should be equipped to manage evaluations as part of their regular training activities; (b) institutional partnerships should be developed as a method of providing professional support to the programme; (c) ways of tackling emerging adolescent problems such as substance abuse and HIV/AIDS prevention should be explored and addressed multisectorally and with participation from expert institutions and communities; and (d) the preparation and adoption of an NPA for Children should be fostered to ensure that the rights of the child are provided for in a sustainable manner.

Recommended programme cooperation, 1999-2001

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
General resources				
Health and nutrition	150	150	150	450
Education	210	205	205	620
Child protection	160	160	155	475
Cross-sectoral costs	106	102	100	308
Subtotal	**626**	**617**	**610**	**1 853**
Supplementary funding				
Health and nutrition	430	420	360	1 210
Education	450	470	407	1 327
Child protection	219	218	185	622
Cross-sectoral costs	275	275	238	788
Subtotal	**1 374**	**1 383**	**1 190**	**3 947**
Total	**2 000**	**2 000**	**1 800**	**5 800**

Country programme priorities and strategy

16. The underpinning principle of the country programme is to make the Convention on the Rights of the Child a reality in the daily lives of children and youth. A rights-based approach will provide the conceptual guidance for UNICEF cooperation in the country, and will be promoted and developed further in close cooperation with the Government and civil society. UNICEF will build on past achievements and innovations in health, social welfare and education, and follow through on initiatives already under way. The programme also will support efforts to achieve the decade goals for children and to use the expected NPA as a framework for policy and programme actions. The programme has three components: primary health care (PHC) and nutrition; education; and child protection.

Health and nutrition

17. The PHC component incorporates MCH care, EPI, the control and prevention of acute respiratory infections (ARI) and diarrhoeal diseases, and health education. UNICEF will work closely with the Ministry of Health, WHO and the World Bank to ensure that new health legislation protects the accessibility and affordability of basic health care for all children. Emphasis will be placed on preventive care and the more efficient management of scarce resources. Staff training will continue to be an important part of the programme strategy, especially since it has proven to be highly effective in improving PHC and reducing IMR and the maternal mortality rate (MMR).

18. The health programme also will support the development and dissemination of health education packages for mothers and schoolchildren. Health professionals will be supported in assessment work intended to shape the design of healthy lifestyle packages for teenagers. UNICEF has been an active partner with WHO, the European Union and the Council of Europe in supporting a network of health promoting schools, and it is planned to take the network to scale from its current pilot phase

in the new programme. This will be an important vehicle in enabling adolescents make informed choices about healthy lifestyles, including the dangers of HIV/AIDS, sexually transmitted diseases (STDs), drug abuse and smoking.

19. Support for EPI will be reduced gradually during the next three years as the country strives for self-sufficiency in vaccines. However, upgrading the knowledge and skills of policy makers, mid-level EPI managers and technical staff in the area of disease surveillance will continue to be assisted.

20. In MCH, emphasis will continue to be placed on upgrading the skills and knowledge of staff at health centres and rural facilities with the aim of sustaining low MMR and reducing under-five mortality and IMR. In order to reduce perinatal mortality, the focus will be on strengthening essential newborn care and improving the care and management of low-birth-weight infants, and newborns with defects or birth trauma. Training also will continue in enhancing overall health care for women during pregnancy and lactation.

21. ARI account for 79 per cent of paediatric hospital admissions. The WHO training package for ARI and the control of diarrhoeal diseases, currently being adapted and translated, will be used for all PHC workers to improve their capabilities in standard case management. Advocacy for the use of oral rehydration salts as the primary treatment of diarrhoeal diseases will be intensified.

22. Support to breastfeeding will continue, especially for hospitals opting for the Baby-Friendly Hospital Initiative (BFHI). The National Breastfeeding Committee will monitor the impact of these initiatives, enabling the adjustment of services as necessary. Efforts will be intensified to encourage all maternity wards to implement the "Ten steps to successful breastfeeding", and to use the experiences of the first BFHI hospital as a guide.

23. Assistance will be given to conduct micronutrient surveys since clinical data shows that the prevalence of iron deficiency anaemia among infants may be as high as 25 per cent. The same data indicate that the level of vitamin A is low among children who experience repeated infections. The survey findings will serve as a guide for the development of appropriate interventions, including intersectoral and public information approaches so as to reach the decade goals for the virtual elimination of these problems.

Education

24. Support to the Ministry of Education to introduce reforms in basic education will build upon earlier progress. The interactive learning project will serve as model to further promote child-centred learning. This will be complemented by the introduction of education for development strategies and innovative ways of assessing student achievement and performance. Also included will be support to review of school management and administration policies and practices, as well as to rural schools, which historically have had less access to financial and human resources, and tend to be less innovative in upgrading the quality of teaching and learning resources.

25. The education system will receive support for the design of strategies and the preparation of materials to help address the emerging problems of drug abuse and HIV/AIDS. In this regard, a national life skills curriculum will be developed and introduced in 100 primary and secondary schools. Similarly structured curricula will be introduced for subjects such as environmental protection and disaster preparedness, the promotion of inter-cultural understanding and awareness of the rights of the child.

26. Access to education will be improved through support for various traditionally disadvantaged groups. In this context, ECCD will be enhanced through two home-based parent and child projects covering rural Macedonian, Albanian and Romany communities. Expansion of the project to include children with disabilities into mainstream schools will be fostered through training for new practices in mainstream classrooms.

27. UNICEF will continue to work closely with the World Bank to support the Ministry of Education in the development of mechanisms for monitoring and evaluating the quality and scope of educational provision in the primary sector through statistical mapping and data systems. Policy development will be enhanced further by the preparation and development of a long-term strategy for reforms in the areas of pre- and in-service teacher training.

Child protection

28. The new child protection programme will build on the groundwork laid in the previous period, which witnessed policy changes in the legal provisions for children without parents, for disabled children and for children with emotional and behavioural problems by promoting alternatives to institutions. Emphasis will be

placed on implementation of policy reform measures and the successful model developed in the national institution for infants and young children, which will be adapted to address the varied circumstances in other institutional centres.

29. Children in vulnerable groups, such as those in remote rural areas, children working on the street, or abused or neglected children, are still difficult to reach. UNICEF will provide support for needs assessments of these groups, for the development of outreach services and for ongoing monitoring of children at risk. In addition, NGOs and the media will be supported to enable them to advocate for a child-centred, rights-based approach to the development of services for vulnerable children.

30. A multisectoral approach involving the participation of all government institutions concerned will be applied to the development of programmes for substance and drug abuse. The healthy life styles model will be the main channel to reach children and youth, and to empower them with knowledge on issues such as HIV/AIDS and STDs, abuse and violence, tolerance and conflict resolution within a rights framework.

31. In addition to these cross-sectoral responses, the programme also will seek to support counterparts in developing stronger outreach activities, ensuring that families that would otherwise not take advantage of services have full access. These marginal groups are perceived to include those with above average IMR and, ultimately, such initiatives will be necessary to respond to groups such as adolescents.

Monitoring and evaluation

32. The previous country programme has enabled a stronger basis for monitoring and evaluation to be developed, and it is planned to address remaining gaps during the early part of the new programme. A regular schedule of evaluating all pilot projects has been developed with other partners such as the World Bank and international NGOs. During the MTR, the government partners appreciated the evaluations already undertaken, and it is planned to enhance counterpart capacity while implementing the monitoring and evaluation plan which is integrated in the new programme.

Emergency preparedness

33. Disturbances in neighbouring countries have underlined the need for emergency preparedness. UNICEF works with the Government, the national Red Cross and United Nations agencies in drawing up contingency plans to cover different scenarios to be activated in case of emergency. This includes staff training and the establishment of a small stockpile of emergency supplies.

Programme management

34. The programme is managed by the country office in Skopje within the framework of the area management team for Bosnia and Herzegovina, Croatia, the Federal Republic of Yugoslavia and The former Yugoslav Republic of Macedonia. Common premises with the small United Nations community in Skopje are currently under investigation, especially now that the United Nations Development Programme has opened an office. Other collaborating United Nations agencies include the Office of the United Nations High Commissioner for Refugees, WHO and the World Bank. Security matters are closely coordinated with the United Nations Preventive Deployment Force.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : TfYR Macedonia
PROGRAMME : 1999-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	450,000			450,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	620,000			620,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION	475,000			475,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	308,000			308,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR	1,853,000			1,853,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	1,210,000	1,210,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	1,327,000	1,327,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	622,000	622,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	788,000	788,000	0	0	0	0	0	0	0	2	1	3	0	202,551	202,551
TOTAL SF		0	3,947,000	3,947,000	0	0	0	0	0	0	0	2	1	3	0	202,551	202,551
TOTAL GR & SF	1,853,000	0	3,947,000	5,800,000	0	0	0	0	0	0	0	2	1	3	0	202,551	202,551
SUPPORT BUDGET			Operating costs	392,920													
			Staffing		0	0	0	1	0	0	1	1	3	5	302,418	232,118	534,536
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	3	4	8	302,418	434,669	737,087
	Number of posts and staff costs:																
	Current programme cycle										1	3	4	8			
	At the end of proposed programme cycle (indicative only)										1	3	4	8	302,418	434,669	737,087

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.